

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 0 0 — 1 4
2. STATE: Kansas
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
August 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 270,000 Savings
b. FFY 2001 \$ 1,080,000 Savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B
#12.a., Page 1 + 1A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-B
#12.a., Page 1

10. SUBJECT OF AMENDMENT:

Prescribing Drugs: Methods and Standards for Establishing Payment Rates

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Janet Schalansky is the Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE/SUBMITTED:

September 28, 2000

16. RETURN TO:

Janet Schalansky
Secretary
DSOB, 6th Floor
915 SW Harrison
Topeka, KS 66612

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

09/29/00

18. DATE APPROVED:

NOV 9 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08/01/00

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

cc:
Schalansky
Day
September 14

SPA CONTROL

Date Submitted 09/28/00

Date Received 09/29/00

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#12.a., page 1

**Prescribed Drugs
Methods and Standards for Establishing Payment Rates**

Reimbursement to pharmacy providers is based upon agency-determined allowable product cost for covered drugs plus an agency-determined dispensing fee. The dispensing fee assigned to each pharmacy provider is \$4.50 per prescription or a rate established by the agency.

Physicians who dispense drugs to Medicaid/MediKan consumers are reimbursed at the agency-determined allowable product cost for covered drugs plus a dispensing fee of \$.74 per prescription.

A vaccine administration fee of \$8.00 or rate as established by the Secretary of the Department of Social and Rehabilitation Services may be paid to pharmacy providers certified to administer vaccines. Proof of certification must be on file with Medicaid.